

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	2,					
7	2					
8	2					
9	2					
10	2					
11	0					
12	0					
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14	0					
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50						
TOTAL IND.	2					
TOTAL DEP.	20					
TOTAL CLAIMS	22					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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